

**MONICA J. LINDEEN**  
**Commissioner of Insurance & Securities**  
**Office of the State Auditor**  
**840 Helena Avenue**  
**Helena, Montana 59601**  
**(406) 444-2040**



**ANNUAL  
FIRE  
DEPARTMENT  
REPORT**

**File on or before April 1<sup>st</sup>**

\_\_\_\_\_, Montana \_\_\_\_\_, 20\_\_\_\_  
(City or Town)

Pursuant to the provisions of Section 19-18-511, MCA, I respectfully submit the following report on the  
\_\_\_\_\_ Fire Department for the preceding year ending **December 31, \_\_\_\_\_**.

Date Organized: \_\_\_\_\_ Number of Stations: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Number of: Engines \_\_\_\_\_ Trucks \_\_\_\_\_ Other: \_\_\_\_\_ Specify \_\_\_\_\_

Does the value of all equipment exceed \$750.00? Yes \_\_\_\_\_ No \_\_\_\_\_

Volunteer Fire Departments Only (complete the following two questions):

1. Time & Location of meetings \_\_\_\_\_

2. Have all members received at least 30 hours of instruction during the past year? \_\_\_\_\_

Number of active members: Paid \_\_\_\_\_ Part Paid \_\_\_\_\_ Volunteer \_\_\_\_\_

Number of Civilian Employees: Paid \_\_\_\_\_ Part Paid \_\_\_\_\_ Volunteer \_\_\_\_\_

Chief \_\_\_\_\_ Home Phone \_\_\_\_\_

Asst. Chief \_\_\_\_\_ Home Phone \_\_\_\_\_

Fire Marshall \_\_\_\_\_ Home Phone \_\_\_\_\_

Water Supply:  
Source of Supply \_\_\_\_\_ Storage Capacity \_\_\_\_\_ Gal.

Miles of Mains \_\_\_\_\_ Number of Hydrants \_\_\_\_\_ Average Pressure \_\_\_\_\_

Hydrants maintained and flushed by \_\_\_\_\_

Describe Fire Alarm System: \_\_\_\_\_

(OVER)

### ***Apparatus-Pumping***

Year	Make	Pumping Cap. GPM	Tank Capacity	3" Hose Carried (ft.)	2 ½' Hose Carried (ft.)	1 ½" Hose Carried (ft.)
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____

### **Apparatus-Aerial or Elevating Platform**

Year	Make	Extended Height	Equipment With Pump
1. _____ 2. _____			

### **Apparatus-Other**

Year	Make	Use of Equipment Carried
1. _____ 2. _____		

### **Hose**

Size	Total Feet	N.S.	I.P.T.	Other	Tested Annually? Yes      No	Pressure
3" 2 ½" 1 ½"						

I hereby certify the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature of City Clerk)

\_\_\_\_\_  
(Type or Print Name of City Clerk)